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DEC 1 0 2006

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Effective on 12	Complete if Known									
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					9/776,3	62				
FEE TRANSMITTAL			Filing Date	F	EBRUA	101				
For FY 2006			First Named Inventor TAYLOR							
			Examiner Name							
Applicant claims small entity status. See 37 OFR 1:27			Art Unit	1711						
YOTAL AMOUNT OF PAYMENT	(\$) (130.00	,	Attorney Docket	No. [	E007D	T-1				
METHOD OF PAYMENT (chec	k all that apply)									
Check Credit Card Money Office None Other (please identity):										
Deposit Account Deposit Account Number: 15-0680 Deposit Account Name: ORSCHELN										
For the above-identified dep	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee										
	l fee(s) or underpaymen	nts of fe	e(s) Credit	any over	<b>Dav</b> ment	s	-			
Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTC-2038.										
FEE CALCULATION		•								
1. BASIC FILING, SEARCH, A	ND EXAMINATION F	EES								
	NG FEES		CH FEES	EXAM	IOITANI					
Application Type Fee (	Small Entity  Si Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (		Entity (\$)	Fees Paid (\$)			
Utility 300	150	500	250	200	10	• • •				
Design 200	100	100	50	130		5				
Plant 200	100	300	150	160	-	80				
Reissue 300	150	500	250	600	30					
Provisional 200	100	O	0	0		0				
2. EXCESS CLAIM FEES Fee Description		Ū	U	U		-	imali Entity Fee (\$)			
Each claim over 20 (includir						50	25			
Each independent claim over	r 3 (including Reissuc	es)				200	100			
Multiple dependent claims  Total Claims Extra (	Claims Fee (\$)	Fac	Pald (\$)		M	360 ultible Dep	180 endent Claims			
- 20 or HP 4	x	=				ee (\$)	Fee Paid (\$)			
HP = highest number of total claims p Indep. Claims Extra (		Fee	Paid (\$)	3	_					
- 3 or HP =	laims naid for if greater the	=	<del></del>							
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52	(e)), the application	size fe	e due is \$250 (\$	125 for						
sheets or fraction thereof.	See 35 U.S.C. 41(a)(	D(G):	and 37 CFR 1.16 h additional 50 o (round up to a w	6(s). r fraction	thereof	•				
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)										
Other (e.g., late filing surch	•	•	,				130.00			
SUBMITTED BY	^									
Signature 2/1/	Jun		Registration No. (Attorney/Agent)	3,085	<del> </del>	Telephone	660 269-4536			

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including pathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the inclividual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Name (Print/Type) MICHAEL K. BOYER

Date DECEMBER 10, 2006

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PTO/SB/21 (09-08)

Page 1

TRANSMITTAL FORM  TRANSMITTAL FORM  Filing Date FIRST Named Inventor  Application Number  For M  Filing Date FERRUARY 02, 2001  First Named Inventor  TATLOR  AT UR  AT UR  At UR  Exeminer Name NUTTER  Altorrey Docket Number  Decorot-1  ENCLOSURES (Check all that apply)  Fee Transmittal Form Fee Attached  Cicensing-related Papers  Licensing-related Papers  Affect Altowence Communication to TC Appeal Communication Commission to Commission to TC Appeal Communication to TC Appeal Communication to TC Appeal Communication Commission to Commission to TC Appeal Communication to TC Appeal Communication Commission to Commission to TC Appeal Communication Commission to T	Under the Pa	berwork Reduction Act of 1995	i an nemon	U. s are required to respond to a	S. Patent and	Tradentari	Office,	U.S. DEPARTMENT OF COMMERCE				
FORM    First Named Inventor   TAYLOR   Art Unit   1711     Examiner Name   NUTTER   NUTTER     Altorney Docket Number   Occo707-1     Fee Transmittal Form   Drawing(s)   After Alsowance Communication to TC     Fee Transmittal Form   Drawing(s)   After Alsowance Communication to TC     Fee Transmittal Form   Drawing(s)   Appeal Communication to Board of Appeals and Interferences of Appeal Communication to TC     Amendment/Repty   Petition to Convent to a   Provisional Application   Proprietary Information												
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Examiner Name   NUTTER				First Named Inventor	TAYLOR							
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Total Number of Peges in This Submission    Altorney Docket Number   DE00707-1	(to be used for all correspondence after initial films)			Examiner Name NUTTER								
ENCLOSURES (Check all that apphy)    Fee Transmittal Form		Altorney Docket Numbe	DE007D1	DE007DT-1								
Fee Transmittal Form    Drawing(s)												
Fee Attached												
General Communition   Communities   Commun	Fee Trans	smittal Form		Drawing(s)			Απει	Allowance Communication to TC				
Amendment/Repty	☐ f	ee Attached		icensing-related Papers								
After Final Provisional Application Proprietary Information Proprietary Information Prover of Attorney, Revocation Change of Correspondence Address Change of Corresp	Amendm	ent/Panh		Petition								
Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s)  Certified Copy of Priority Document(s) Reply to Missing Parts/Incomplete Application Reply to Missing Parts/Incomplete Application Reply to Missing Parts Incomplete Application Reply to Miss		• •		Petition to Convert to a				• •				
Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts/ Under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Name  ORSCHELN MANAGEMENTCO  Signature  Printed name  MICHAEL K. BOYER  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.  Signature  ORSCHELN MANAGEMENTCO  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.					ition '		•	·				
Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  CD, Number of CD(s)  Landscape Table on CD  Request for Refund  CD, Number of CD(s)  Landscape Table on CD  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts  under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Name  ORSCHELN MANAGEMENTCO  Signature  ORSCHELN MANAGEMENTCO  Signature  MICHAEL K. BOYER  Date  DECEMBER 10, 2006  Reg. No. 33,085  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postel Service with the date shown below:  Signature  August 1 December 1 December 1 December 1 December 2 December 2 December 3 De		ffidavits/declaration(s)		-	e Address							
Information Disclosure Statement  CD, Number of CD(s)  Landscape Table on CD  Remarks  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts  under 37 CFR 1.52 or 1.53  CONFIRMATION NO.: 1840  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Name  ORSCHELN MANAGEMENTCO  Signature  MICHAEL K. BOYER  Date  DECEMBER 10, 2006  Reg. No. 33,085  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature	Extension	of Time Request	Terminal Disclaimer									
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Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts/ under 37 CFR 1.52 or 1.53  CONFIRMATION NO.: 1840  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Name ORSCHELN MANAGEMENTCO  Signature  MICHAEL K. BOYER  Date  DECEMBER 10, 2008  Reg. No. 33,085  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature  MICHAEL K. BOYER  December 1, 2008  Reg. No. 33,085	Informatio	on Disclosure Statement		CD, Number of CD(s)				•				
Document(9)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts Under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Name  ORSCHELN MANAGEMENTCO  Signature  Printed name  MICHAEL K. BOYER  DECEMBER 10, 2006  Reg. No. 33,085  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature  MANAGEMENT OF TRANSMISSION/MAILING				Landscape Table on	CD							
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Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Name ORSCHELN MANAGEMENTCO Signature MICHAEL K. BOYER  Date DECEMBER 10, 2006 Reg. No. 33,085  CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature  Date Deta			CONFIR	MATION NO.: 1840								
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Signature All March 1 Page 1 Programme 40 2000	sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. 8ox 1450, Alexandria, VA 22313-1450 on											
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